

BALLOT DESIGNATION WORKSHEET

This worksheet is intended to assist in the prompt evaluation of requested ballot designations.

Name of Candidate: Bill Sutherland

Candidate for the Office of: Mayor
(Including district or division number, if applicable)

Home Address: 1531 El Prado Ave.
(Number and street address)
Torrance, CA 90501
(City, State and Zip Code)

Business Address: Same
(Number and street address)
(City, State and Zip Code)

Mailing Address: _____
(If different from above)
(City, State and Zip Code)

Daytime Telephone Number: 310 328-1960
(area code)

Evening Telephone Number: 310 328-1960
(area code)

Fax Telephone Number: _____
(area code)

E-mail: Bill@Sutherland4Mayor.com

Name of Attorney or Other Person Authorized to Act in Your Behalf: _____

His/Her Fax Number: _____
(area code)

Telephone Number: _____
(area code)

E-mail Address: _____

PROPOSED BALLOT DESIGNATION: Councilman/Business Owner

(Note: Designation must be your principal profession, vocation or occupation and may be no more than three words; however, you may use the full title of the elective office you currently hold.)

(optional)

If above not accepted, 1st alternative: Councilman/Business Owner
2nd alternative: City Council Member

Describe what you do and why you believe you are entitled to use the requested ballot designation. If using the title of an elective office, you may submit a copy of your certificate of election or appointment.

The term "incumbent" must be used as a noun. It shall not be used in conjunction with any other words, including any accompanying adjectives or modifiers, and must stand alone.

RECEIVED
2011 MAR -5 PM 12:57
CITY OF TORRANCE
CLERK'S OFFICE

Your Job Title: Owner

Dates You Held the Position: 1981 - Present

Name of Your Employer or Business: _____

Bill Sutherland Painting

Contact Person(s) Who Can Verify this Information:

Name(s): Paul M. Nowatka

Telephone Number(s): 310 357-1712
(area code)

To the best of my knowledge and belief, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s) and/or occupation(s) which I am entitled to use as my ballot designations pursuant to §13107 and 13107.5 of the Elections Code.

Signed and dated this 3-6-14 day of March, in Torrance

Signature

You may attach whatever supporting documentation or exhibits you wish that you believe support your proposed ballot designation. These documents will not be returned to you, so do not submit original versions.